

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006807

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 1399

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF George C. Kealhofer, Medical Certification

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>1 day</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>45th St. &amp; Paseo (on street)</b>		d. STREET ADDRESS (If outside, give location) <b>Whiteman Air Force Base</b>	
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>DAVID</b> Last <b>MARTIN</b>		4. DATE OF DEATH Month <b>March</b> Day <b>3</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-25-41</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Airman First Class</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Air Force</b>	
13a. FATHER'S NAME <b>Maurice Martin</b>		13b. MOTHER'S MAIDEN NAME <b>Joan S. (Unknown)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Present</b>		17. INFORMANT Address <b>Military Records, Whiteman A.F. Base</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>multiple injuries, extreme, with basilar skull fracture, fracture dislocation of spine, lacerated lungs, and aorta</b> DUE TO (b) <b>Trauma</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <b>motorcycle automobile collision</b>		20c. TIME OF INJURY Hour <b>6:30</b> p.m. Month, Day, Year <b>3-3-63</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>	
20f. CITY, TOWN, OR LOCATION <b>Kansas City</b>		COUNTY <b>Jackson</b> STATE <b>Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <b>George C. Kealhofer</b> (Degree or title)		22b. ADDRESS <b>6627 Brookside Dr., Cedar</b>	
22c. DATE SIGNED <b>3-3-63</b>		23. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>	
24. FUNERAL DIRECTOR <b>Mollody-McGilley-Eylar, 1800 E. Linwood</b>		25. DATE RECD. BY LOCAL REG. <b>3-3-63</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

MAR 25 1963

APR 22 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James W. Clark  
Licensed Embalmer No. 4650

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.